FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

				2013 NOV -40mphusponya	
NAME OF COMMITTEE (in full)	(Check if is change		ple:If typing, type he lines.	12EE4MAIL CENTER	
Gary Palmer for (Congress		1 1 1 1 1	·	لــــا
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	1010 0 B4	<u> </u>			
ADDRESS (number and street)	1919 Oxmoor Rd #	F235			
(Check if address is changed)		1 1 1 1 1 1		<u> </u>	
	Homewood		1	AL 35209	. 1
	CITY ▲	<u> </u>	iII	STATE ▲ ZIP CODE ▲	
				· ;;	
COMMITTEE'S E-MAIL ADDRE	SS			·•	
(Check if address is changed)	jones2575@gı	mail.com		<u>.</u>	, 1
is changed)	Ontional Second	E Mail Address			
	Optional Second	mpliance.com			, 1
				<u> </u>	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)				
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2. DATE 10 21	(8) / (4) (8) (4) (8) (8) (8) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	v oluments (1997) voluments (1997)			
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3. FEC IDENTIFICATION N	JMBER ▶	· C 1. 	viane e e examele e e		
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)		
I certify that I have examined the	nis Statement and tr	o the best of my kn	owledge and belief it	t is true, correct and complete.	
Type or Print Name of Treasure	r Jon Jones		AT LONG TO STATE OF THE STATE O		
Signature of Treasurer Jon Jo	ones A	The state of the s		Date 10 25 2013	er viit.
NOTE: Submission of false, errone	•	•	ect the person signing	this Statement to the penalties of 2 U.S.C. §4	437g.
04:00					
Office Use			For further information of Federal Election Commiss Foll Free 800-424-9530		